## HARNESS, DICKEY & PIERCE, P.L.C.

Attorneys and Counselors 7700 Bonhomme, Suite 400 St. Louis, Missouri 63105 Phone: 314-726-7500 Fax: 314-726-7501

Troy, MI . Ann Arbor, MI . Washington, D.C.

RECEIVED CENTRAL FAX CENTER OCT 0 6 2004

## FAX MESSAGE

DATE:	October 6, 2004	No. of Pages (Including This Page): 10					
FOR: COMPANY: FAX NO.:	1-703-672-9300	PHONE:					
FROM:	Lydia N. Nenow , Reg. No. 52,5	r fax if you do not receive any of these pages.					
Application Serial Not Filed: For: Confirma Group Ar Examine	09/897,801 June 29, 2001 Enhanced Pharmacok tion No: 1264 t Unit: 1615 Carlos A. Azpuru	kinetic Profile of Intradermally Delivered Substances					
Attorney Pfizer Re	Ref: 6794S-000019/US f: 0367/1/US (PC 02496	BEST AVAILABLE COPY					

#### \* \* \* NOTICE \* \* \* \*

The information contained in this telefax transmission is intended only for the individual to whom or entity to which it is addressed. It may also contain privileged, confidential, attorney work product or trade secret information which is protected by law. If the reader of this message is not the intended recipient, or an employee or agent responsible for delivering the message to the addressee, the reader is hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and return the original message to us at the address above via the U.S. Postal Service. We will reimburse you for any reasonable expense (including postage) for the return of the original message.

PTO/SB/97 (08-03)
Approved for use through 07/31/2008. CM6 0651-0031
U.S. Patent and Trademerk Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademerk Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

#### Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office to facsimile number 1-703-872-9306

on October 6, 2004 Date

Signature

Lydia N. Nenow

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Transmittal (1 page)
Fee Transmittal (1 page)

Petition for Extension of Time Under 37 CFR 1.136(a) (1 page in duplicate)

Response to June 10, 2004 Office Action (4 pages)

This collection of Information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to fife (and by the USPTO to process) an application, Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/21 (04-04)
Approved for use through 97/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

		Application No	umber _	09/897,801		
TRANSMITTAL	Filing Date		June 29, 2001			
FORM	First Named I	nventor	Thomas C. Pinkerton			
(to be used for all correspondence after initial	Art Unit		1615			
	Examiner Name		Carols A. Azpuru			
tal Number of Pages in This Submission		Attorney Doc	ket Number	67945-000019/	US; 0367/1/US (PC 024967)	
	ENCLO	SURES (chack	all that apply)	·		
Fee Transmittal Form	Drawin			After Allo	wance Communication to gy Center (TC)	
Fee Allached	i. Licensing-related Flapers			Appeal Communication to Board of Appeals and Interferences		
✓ Amendment / Reply	Petition			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
☐ After Final	Pelition to Convert to a Provisional Application			Proprietary Information		
Affidavits/declaration(s)	Power of Attorney Revocation Change of Correspondence Address			Status Letter		
Extension of Time Request	Terminal Disclaimer			Other Enclosure(s) (please Identify below):		
Z Z ZMCHQIST OF TRACE	Request for Refund			Certificate of Facsimile		
Express Abandonment Request	CD, Number of CD(s)			Tran	smission	
Information Disclosure Statement						
Certified Copy of Priority Document(s)	Rem	arks				
Response to Missing Parts/ Incomplete Application		!				
Response to Missing Parts under 37 CFR 1,52 or 1.53		_				
	TURE OF	APPLICANT,	ATTORNEY, O	OR AGENT		
Firm or , Individual name  Harness, Dickey & Piero		Altomey Name		Reg. No. 52,530		
Signature ,	Un	2		_		
Oate October 6, 2004	•					
		ATE OF TRAN				
I hereby certify that this correspondence	is being fe	csimile transmitt an envelope add	ed to the USPT tressed to: Mail	O or deposited	with the United States Posts nt, Commissioner for Patents	
D ↑ Boy 1450 Alayandria VA 22313-14				Express Mail		
P.O. Box 1450, Alexandria, VA 22313-14  Typed or printed name Lydia N. Nen	low	1		Lebel No		

This collection is estimated to 12 minutes to complete, including gathering, process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete application form to the USPTO. Time will vary depending upon the individual case. Any comments on the another process, any comments on the another process, and the understanding the complete the formation officer, U.S. Patent and Trademark Office, you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, you require to commence, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO:

U.S. Dapartment of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. Commissionar for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, cell 1-800-PTO-9199 and select option 2.

Complete if Known

U.S. Patent and Trademark Office: U.S. Department of Commerce
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it diaptays a valid OMB control number.

Deposit Account:	FEE TRANSMITTAL						Application Number		09/897,801				
Cffice/her 1901/2004. Palent fixes arm subject to annual revision.   Figure Manned Inventor: Thomas C. Princeton   Certica A. ADJUIV   Hot 1901   And the subject of the	· · · · · · · · · · · · · · · · · ·						Filing Date			June 29, 2001			
Applicant claims small entity status. See 37 CFR 1.27   Art Unit   TOTAL AMOUNT OF PAYMENT (\$) 110.00   Altumay Docket No. 67945-000019/US; 0367/1/US (PC 024967)		=		First N				Thomas C. Pinkerton					
TOTAL AMOUNT OF PAYMENT (6) 110.00   Altomey Docket No.   67945-000019/US; OSS77/US (PC 024987)	Effective 10/0	1/2004.	Patent f	ees are subject to a	nnual revision.								
TOTAL AMOUNT OF PAYMENT (6) 110.00   Altomey Docket No.   67945-000019/US; OSS77/US (PC 024987)	☐ Applicant o	claims :	small (	entity status. Se	ee 37 CFR 1.27	Art Uni	CADAMINIST TVA						
NETHOD OF PAYNEMY (check all final apoly)   S. ADDITIONAL FEES				T-Y		   Attorna	07045 000019/US: 0367/1/US (PC 024967)						
Chenk   Credit card   Money   Other   None   Order   Order   None   Order					a colV)	İ			FEE CA	LCULATION (conti	nued)		
Deposit Account:			_		<del></del>	3. AD	DITION	IAL FE	E\$			l l	
Deposit   Account   De-0750   Deposit   Account   Hamess, Duskey & Perce, P-L.C.   1053   130   1053   130   1054   1054   1054   1055   130   130   1	☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None Order					Lame	Large Entity Small Entity						
Deposit Account   Number   Celebrate   C	☑ Deposit Accour	ni: 								Fee Desc	ription	Fee Paid	
Deposit Hemess, Dakey & Perce, P.L.C.   1655   130   1053   130   Non-English specification		08-075	)		Ì	1051	130					-	
Deposit   Account   Namers   Deckey & Perce	Number					l				or cover sheet.			
The Director is authorized to: (chock all that apply) The Director is authorized to this application of Six phor to Examine action The Director in Chock all that apply) The Director is authorized to the plant apply (chock and apple) The Director in Chock all that apply) The Director is authorized to the plant apple apple and apple app		Hames	s. Dickey	& Pierce, P.L.C.		1				For filing a request	for reexamination		
The Director is authorized to: (chock at mar sypring Charge feet) indicated below © Craft any overpayments  © Charge any additional feet) during the pendency of this application  (Charge feets) indicated below, except for the filing feet  (1251 110 2251 55 Extension for reply within first month to the above-identified deposit account.  FEE CALCULATION  1. BASIC FILING FEE  Lene Entity Small Entity  Fee Fee Fee Fee Fee Description  1.001 780 2001 395  1.002 350 2002 175 Design filing fee 1402 300 2403 150  1.003 550 2003 275 Plant filing fee 1402 300 2403 150  1.004 790 2004 395 Reliazou filing fee 1403 300 2403 150  1.005 160 2005 80 Provide/antiling fee 1403 300 2403 150  SUBTOTAL (1) (8)0 150 1500 1500 1500 1500 1500 1500 150	Name	L				1				Requesting publica Examiner scillen	ation of SIR prior to		
Signature   Charge any additional relegit output   Expense   1251   110   2251   55   Extension for rapply within first month   110   1251   110   2252   215   2252   2252   2152   2152		adlastad	halaw	TST Credit 26V OV	2FDAVIIIBIIIS	1805	1,840*	1805	1,8401	Requesting publication of SIR after			
1.   BASIC FILING FEE   Larne Entity   Brail Enti	□ Charge fee(\$) it	ndicated	below.	except tot me in	ing fee	1251	110	2251	55			110	
1.   BASIC FILING FEE   1254   1530   1254   1.530   1254   1.530   1255   1.040   1256   1.040   1.001   1.	to the above identi	ified dep	osit acc	ount	<del></del> _	1252	430	2252	215	month			
Pete   Fee	. 5400 5	II ING E			· ·	1263	980	2253				<u> </u>	
Code (\$)   Code (\$)   Fee Paid   1401 340 2001 170   Notice of Appeal   1401 340 2002 170   17	Large Entity	<u>Şmail Er</u>	ttty.	_ = 4.0		1254	1,530	2254	765	month			
1001   790   2001   395   Utility filing fee   1403   340   2402   170   Filing a brief in support of an appeal   1403   300   2403   150   Request for oral hearing   1403   300   2403   150   150   1607   13	100			Fee Description	Foe Paid	1255					y within fifth month	$\vdash$	
1002   350   2002   175   Design filling fee   1402   340   2402   340   1003   550   2003   275   Plant filling fee   1407   390   2403   390   2403   50   Request for oral hearing   1004   790   2004   396   Relaisue filing fee   1451   1,510   Plation to revive - unintentional processing   1462   110   2462   55   Patrion to revive - unintentional processing   1462   110   2462   55   Patrion to revive - unintentional processing   1462   110   2462   55   Patrion to revive - unintentional processing   1462   110   2462   55   Patrion to revive - unintentional processing   1462   110   2462   55   Patrion to revive - unintentional processing   1462   110   2462   55   Patrion to revive - unintentional processing   1462   110   2462   55   Patrion to revive - unintentional processing   1462   110   2462   55   Patrion to revive - unintentional processing   1462   110   2462   55   Patrion to revive - unintentional processing   1462   110   2462   55   Patrion to revive - unintentional processing   1462   110   2462   250   2451   2501   2	5555			Utility filing fee		1					need of an anneed		
1003   550   2003   275   Plant filing fec   1451   1.510   1451   1.510   1451   1.510   1451   1.510   1451   1.510   1451   1.510   1451   1.510   1451   1.510   1451   1.510   1451   1.510   1451   1.510   1451   1.510   1452   110   1452   110   1452   110   1452   110   1452   110   1453   1.370   2453   685   Pallition to revive – unavoidable   1453   1.370   2453   685   2450				-		11							
1005	1003 550 2	2003		•				1		Polition to Institut	_		
SUBTOTAL (1)  SUBTOTAL (1)  SUBTOTAL (1)  SUBTOTAL (1)  SUBTOTAL (1)  SUBTOTAL (2)  SUBTOTAL (1)  SUBTOTAL (1)  SUBTOTAL (1)  SUBTOTAL (2)  SUBTOTAL (3)  SUBMITTED BY  Name (Print/Type)  Lydia N. Nerpey  Lydia N. Nerpey  SUBTOTAL (4)  SUBTOTAL (5)  SUBTOTAL (5)  SUBTOTAL (6)  SUBTOTAL (7)  SUBTO	100			-	98	1452	11D	2462	55		- unavoidable		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE    Substitution   Subs	1000							I					
Total Claims	ŕ			•		1501	1,370	2501	685	Utility Issue fee (or relacte)			
Total Claims	2. EXTRA CLA	AIM FE	ES FO	R UTILITY AND	REISSUE	1502	490	2502		· · · · · · · · · · · · · · · · · · ·			
Total Claims				Extra Fe	from Fee	!							
Addependent Claims  Wultiple Operandent Dependent  Large Entity Small Entity Fee Fee Fee Fee Code (\$) 1202 18 2202 9 Claims in excess of 20 1201 18 2201 44 Independent claims in excess of 3 1204 68 2204 44 Original patient 1205 18 2205 9 Original patient  Submittee  Submission of information Disclosure Simt Recording such patient easignment per property (times number of properties) 1809 790 2809 395 Filing a submission after final rejection (37 CFR § 1.128(a)) 1810 790 2810 395 For each additional invention to be examined (37 CFR § 1.129(b)) 1810 790 2801 395 For each additional invention to be examined (37 CFR § 1.129(b)) 1801 790 2801 395 Request for Continued Examination (RCE) 1802 900 1802 900 Request for expedited examination of a design application  The clasure Chains in excess of 20 and over original patient  Submitted BY  Name (PrintType)  Lydia N. Nenpw  Registration No (Altamay/Agenti)  Submitted BY  Name (PrintType)  Lydia N. Nenpw  Registration No (Altamay/Agenti)  1906 180 1906 1800 Submission (Information Disclosure Simt Recording such patient easignment per property (times number of property (times numbe	Total Claims	——————————————————————————————————————	٠.			11							
Multiple Operadent  Large Entity Small Entity Fee Fee Fee Fee Fee Code (\$) 1202 16 2202 9 Claims in excess of 20 1201 18 2201 44 Independent claim; if not paid 1204 66 2204 44 original patent 1204 66 2204 44 original patent 1205 18 2205 9 Telsaue claims in excess of 20 and over original patent  The Relissue Chairs in excess of 20 and over original patent  The Relissue C	Independent 0				11		1		Submission of information Disclosure				
Large Entity Small Entity Fee Fee Fee Fee Fee Fee Fee Code (\$) Fee Description Code (\$) Fee Code (\$) Fee Description Fee Code (\$) Fee Description Code (\$) Fee Description Fee Code (\$)	Multiple Multiple			x	= 0	B024	άΩ	8021	40	Recording such selent essionment			
Fee	Large Entity Small Entity					i		1		properties) Filing a aubmissi	on after final rejecti	on -	
1202 18 2202 44 Independent claims in excess of 3 1203 300 2203 150 Multiple dependent claims over original patent 1204 68 2204 44 Original patent 1205 18 2205 9 Telegrape Caims in excess of 20 and over original patent 1206 18 2205 9 Telegrape Caims in excess of 20 and over original patent 1207 18 2205 9 Telegrape Caims in excess of 20 and over original patent 1208 18 2205 9 Telegrape Caims in excess of 20 and over original patent 1209 18 2205 9 Telegrape Caims in excess of 20 and over original patent 1209 18 2205 9 Telegrape Caims in excess of 20 and over original patent 1209 18 2205 9 Telegrape Caims in excess of 20 and over original patent 1209 18 2205 9 Telegrape Caims in excess of 20 and over original patent 1209 1802 900 1802 900 Request for Continued Examination (RCE) 1802 900 1802 900 Request for Cantinued Examination (RCE) 1802 900 1802 900 Request for Cantinued Examination (RCE) 1802 900 1802 900 Request for Cantinued Examination (RCE) 1802 900 1802 900 Request for Cantinued Examination (RCE) 1802 900 1802 900 Request for Cantinued Examination (RCE) 1803 900 Request for Cantinued Examination (RCE) 1804 900 Request for Cantinued Examination (RCE) 1804 900 Request for Cantinued Examination (RCE) 1804 900 Request for Cantinued Examination (RCE) 1805 900 Request for Cantinued Examination (RCE) 1804 900 Request for Cantinued Examination (RCE) 1804 900 Request for Cantinued Examination (RCE) 1805 900 Request for Cantinued Examination (RCE) 1805 900 Request for Cantinued Examination (RCE) 1805 900 Request for Cantinued Examination (RCE) 1806 900 Request for Cantinued Examination (RCE) 1807 900 Request for Cantinued Examination (RCE) 1808 900 Request for Cantinued Examination (RCE) 1809 900 Request for Cantinued Examination (RCE) 1809 900 Request for Cantinued Examination (RCE) 1809 900 Request for Cantinued Examination (RCE) 1800 900 Request for Cantinued Examinat	Code (\$) Code (\$)		!]				(37 CFR § 1,129 For each addition	(a)) nai invention lo ba					
1204 66 2204 44 ** Reissue independent claims over original patent   1205 18 2205 9 **Reissue daima in excess of 20 and over original patent    SUBTOTAL (2) (3) 0 **Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 110.00 **  **Telesue daima in excess of 20 and over original patent    Other fee (apecify)    **Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 110.00 **  **Telesue daima in excess of 20 and over original patent    Other fee (apecify)    **Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 110.00 **  **SUBMITTED BY	1201 BB	2201	4	Independent	claims in excess of 3		700	750	. 205				
1205 18 2205 9 Palsus daima in excess of 20 and over original patent  SUBTOTAL (2) (3) 0 Preduced by Basic Filing Fee Paid SUBTOTAL (3) (3) 110.00  **Or number previously paid, if greeter, For Relasues, see above  SUBMITTED BY  Name (Print/Type) Lydia N. Nerpy Registration No (Alterney/Agent) \$2,530 Telephone 314-726-7500		1		, ** Relasue In	dependent claims over	! 1		1		Request for exped	notenimexe bat		
SUBTOTAL (2) (3) 0 "Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 110.00  **or number previously poid, if greeter, For Relasues, see above  SUBMITTED BY  Name (Print/Type) Lydia N. Nergw A Registration No (Alterney/Agent) \$2,530 Telephone 314-726-7600		1		™ Relsaue d	aima in excess of 20 and	of a design application						-	
*Reduced by Besic Filing Fee Paid SUBTOTAL (3) (3) 110.00  **Par number previously paid, if greater, For Relasues, see above  **Complete (if applicable)  **Reduced by Besic Filing Fee Paid SUBTOTAL (3) (3) 110.00  **Complete (if applicable)  **Reduced by Besic Filing Fee Paid SUBTOTAL (3) (3) 110.00  **Complete (if applicable)  **Reduced by Besic Filing Fee Paid SUBTOTAL (3) (3) 110.00  **Complete (if applicable)  **Reduced by Besic Filing Fee Paid SUBTOTAL (3) (3) 110.00  **Complete (if applicable)  **Reduced by Besic Filing Fee Paid SUBTOTAL (3) (3) 110.00  **Complete (if applicable)  **Reduced by Besic Filing Fee Paid SUBTOTAL (3) (3) 110.00  **Complete (if applicable)  **Reduced by Besic Filing Fee Paid SUBTOTAL (3) (3) 110.00  **Complete (if applicable)  **Reduced by Besic Filing Fee Paid SUBTOTAL (3) (3) 110.00  **Complete (if applicable)  **Reduced by Besic Filing Fee Paid SUBTOTAL (3) (3) 110.00  **Complete (if applicable)  **Reduced by Besic Filing Fee Paid SUBTOTAL (3) (3) 110.00  **Complete (if applicable)  **Reduced by Besic Filing Fee Paid SUBTOTAL (3) (3) 110.00  **Complete (if applicable)  **Reduced by Besic Filing Fee Paid SUBTOTAL (3) (3) 110.00  **Reduced by Besic Filing Fee Paid SUBTOTAL (3) (3) 110.00  **Complete (if applicable)  **Reduced by Besic Filing Fee Paid SUBTOTAL (3) (3) 110.00  **Complete (if applicable)  **Reduced by Besic Filing Fee Paid SUBTOTAL (3) (4) 110.00  **Reduced by Besic Filing Fee Paid SUBTOTAL (3) (4) 110.00  **Reduced by Besic Filing Fee Paid SUBTOTAL (3) (4) 110.00  **Reduced by Besic Filing Fee Paid SUBTOTAL (3) (4) 110.00  **Reduced by Besic Filing Fee Paid SUBTOTAL (3) (4) 110.00  **Reduced by Besic Filing Fee Paid SUBTOTAL (3) (4) 110.00  **Reduced by Besic Filing Fee Paid SUBTOTAL (3) (4) 110.00  **Reduced by Besic Filing Fee Paid SUBTOTAL (3) (4) 110.00  **Reduced by Besic Filing Fee Paid SUBTOTAL (3) (4) 110.00  **Reduced by Besic Filing Fee Paid SUBTOTAL (3) (4) 110.00  **Reduced by Besic Filing Fee Paid SUBTOTAL (3) (4) 110.00  **Reduced by Besic Filing Fe	OAst orifinal bareir					Othe	r fee (spe	ecity)					
SUBMITTED BY  Name (Print/Type)  Lydia N. Nerjew  Registration No (Altomay/Agent)  \$2,530  Telephone  314-726-7500	[					*Re	*Reduced by Besic Filing Fee Paid SUBTOTAL (3) (\$) 110.00						
SUBMITTED BY  Registration No (Altamey/Agent) 52,530 Telephone 314-726-7600	**or number previously paid, if greater; For Reissues, see above					<u> </u>							
Name (Print/Type) Lydia N. Nenjew A Registration No (Altomey/Agent) \$2,530 Telephone 314-728-7500	SUBMITTED BY									Com	plata (# applicable)		
			Lydia i		(Allamey/Agent)	<u> </u>		52,530					
Signalure 75 9 WWW and Information should set be	Signature			7, 1 W	un					Dala			

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. Included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) An application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including genering, or equally the supplication form to the USPTO. Time will vary depending upon the individual pass. Any comments on the smount of time you require to complete this form analyze suggestions completed application form to the USPTO. Time will vary depending upon the individual pass. Any comments on the smount of time you require to complete this form analyze suggestions completed application form to the USPTO. Time will vary depending upon the individual pass. Any comments on the smount of time you require to complete this form analyze suggestions. U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. BEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call in-600-PTO-9199 (1-800-PTO-9199) and select option 2.

# This Page is Inserted by IFW Indexing and Scanning Operations and is not part of the Official Record

## **BEST AVAILABLE IMAGES**

Defective images within this document are accurate representations of the original documents submitted by the applicant.

efects in the images include but are r	not limited to the iter	ms checked:
☐ BLACK BORDERS		
☐ IMAGE CUT OFF AT TOP, BOTTOM	OR SIDES	
☐ FADED TEXT OR DRAWING		
☐ BLURRED OR ILLEGIBLE TEXT OR	DRAWING	
☐ SKEWED/SLANTED IMAGES		
COLOR OR BLACK AND WHITE PHO	OTOGRAPHS	
☐ GRAY SCALE DOCUMENTS		
LINES OR MARKS ON ORIGINAL DO	OCUMENT	
☐ REFERENCE(S) OR EXHIBIT(S) SUB	MITTED ARE POOR Q	UALITY
П отигр.		•

## IMAGES ARE BEST AVAILABLE COPY.

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.